

**SHREVEPORT POLICE DEPARTMENT LAW & YOUTH
ACADEMY CAMP**

June 26-29

10:00 am to 2:00 p.m.

Shreveport Police Training Academy

6440 Greenwood Road

Teens Ages 12 to 17

Application deadline: June 22, 2012

APPLICANT NUMBER _____ OFFICE USE ONLY

**RETURN FORM: COMMUNITY ORIENTED POLICING
SHREVEPORT POLICE DEPARTMENT
1234 TEXAS AVENUE
SHREVEPORT, LA 71101**

OR FAX TO: 673-7126

**QUESTIONS, CALL: 673-6950, 673-6936
SHREVEPORT POLICE DEPARTMENT
COMMUNITY ORIENTED POLICING BUREAU**

CHILD'S NAME: _____

D.O. B: _____ **AGE:** _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

LOCAL PHONE NUMBER: _____

EMERGENCY NUMBER: _____

I, the Parent/Guardian of the above named child, give my permission for him/her to participate in the four day Law & Youth Academy. I will not hold the City of Shreveport, Shreveport Public Assembly and Recreation, the Shreveport Police/Fire Department nor any official responsible if my child is injured while engaging in this activity. I understand the hazards and dangers involved in the activity and will use my own insurance, if needed.

Parent/Guardian Signature

Date

What is your child's t-shirt size?

___ Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium

___ Adult Large ___ Adult X-Large ___ Adult 2X-Large ___ Adult 3XL